

O'Connell, Sue

From: Benjamin Marchello [bmarchello@frontiercancer.com]
Sent: Monday, March 19, 2012 7:19 AM
To: O'Connell, Sue
Cc: Eby, Amanda Roccabruna
Subject: Legislative Committee

Thank you to all the staff and participants who have spent hours at a time hashing out our report. It has been a slow process at times to understand each other and avoid extraneous issues, but I am happy we could finally come up with a report. It is critical to be able to offer the best treatment to our cancer patients in Montana. We hope to end decades of frustration for doctors and patients who have searched out the best new programs, many sponsored by our own federal government, only to find that cancer victims are barred from participation by some third party payers who refuse to cover not the experimental part of care, but the routine medical care needed by patients who try to participate in research programs. I hope our statement is clear enough to explain this to the legislature. Ben Marchello MD

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O'Connell, Sue

From: Jack & Deb Hensold [dhensold@bresnan.net]
Sent: Sunday, March 18, 2012 9:53 PM
To: O'Connell, Sue
Subject: Report of the Cancer Clinical Trials Advisory Council

I regret that I cannot attend Commissioner Lindeen's presentation of the Study Report of the advisory council on patient access to Cancer Clinical Trials. I have been involved in this process since the beginning, testifying before both House and Senate subcommittees on the importance of access to clinical trials to improve the care of cancer patients in Montana. I was an active participant in all of the committee's meetings. I concur fully with the findings and recommendations presented in the report today by Commissioner Lindeen.

The report summarizes the work accomplished by the committee over the past 6 months. The recommendations made by the committee are an important step in ensuring access to high quality cancer care for Montana citizens. I would like to emphasize that an important aspect of these meetings was the education that took place regarding the barriers to patient participation in clinical trials. This was the result of open communications that took place amongst all participants. This collaborative effort should be continued in order to ensure that the beneficial work done by the committee achieves the ultimate goal of ensuring patient access to cancer clinical trials. I support the recommendation for continuation of the advisory council to complete this work.

Sincerely,

Jack Hensold MD

O'Connell, Sue

From: Schallenkamp, John MD [jschallenkamp@billingsclinic.org]
Sent: Sunday, March 18, 2012 9:05 PM
To: O'Connell, Sue
Cc: Kaufmann, Christine
Subject: HB615: Cancer Clinical Trials Advisory Council Recommendations

Ms. O'Connell – I was asked to send you this information and ask that it be forwarded on to the Children, Families, Health and Human Services Interim committee. I appreciate your assistance. john

To Whom It May Concern:

My name is John Schallenkamp. I am a physician and the chair of the department of radiation oncology at the Billings Clinic Cancer Center. I was fortunate enough to be able to participate recently in the Cancer Clinical Trials Advisory Council facilitated via Commissioner Lindeen's office. I will unfortunately be unable to be present for the Monday legislative session but wanted to relay my view and support of the findings agreed upon among those participants in the group.

As an oncologist it has been, at times, frustrating in my last 7 years of practice in Montana. Cancer patients across the nation are the same – they suffer the same, their families bear similar burdens yet we have less to offer them here for treatment and hope. The reasons why have been unclear. We should not expect patients, who happen to live in a state adjacent to ours, to have better access to healthcare by virtue of geography. That has, however, at times been the case. Cancer, though, is no respecter of geography nor the people in it. Since, as a cancer community, we continue to have hundreds of thousands of deaths each year due to cancer (CA Cancer J Clin 2012; 62:10-29), it is paramount to offer the best possible care to those afflicted. The best practice guidelines for every cancer that exists is an offering of participation in a relevant clinical trials (see the National Comprehensive Cancer Network).

Unfortunately, the words 'clinical' and 'trial' are often very misunderstood amongst many insurance and benefits payers and even the non-clinical community at large. The word 'trial' in this context does not mean the treatment is randomly 'trying' something to just see if something will work for a patient. It also does not mean patient would ever be 'guinea pigs' for wild experiments. The process for a medication or intervention to move forward into the different phases of clinical trial work (i.e. phase I, II, III, and IV) is under rigorous scrutiny both nationally and locally. Montana patients are, unfortunately, often denied access to clinical trials. Inappropriate perceptions, such as those mentioned above, have allowed insurers and benefits managers deny payment for any part of a treatment regimen associated with trial participation. The Advisory Council was able to discuss the different perceptions of clinical trials, misconceptions, and ultimately validate the importance of this work on behalf of cancer patients.

We note that, regardless of trial participation, there also exists 'routine care' for every patient and what range of care would be considered 'routine'. The parts of a trial which are not 'routine' are typically provided to the patient from drug manufacturers or from the trial itself without expectation of benefits covering that service or drug. Thus, clinical trials do not increase costs of cancer care.

This Council, therefore, was able to come together and provide a framework of understanding and make recommendations which will ultimately be of extreme importance to families touched by cancer. Remembering that the Advisory Council consisted of patients, physicians, benefits managers and insurers, I would urge you to review and support the recommendations as they will help bring best cancer care to Montanans from which they have been often excluded.

Please do not hesitate to contact me with questions or concerns.

Sincerely,

John Schallenkamp, MD
Radiation Oncology Chairman
Billings Clinic Cancer Center
406 435 7150

O'Connell, Sue

From: Duszkievicz, Jo [jduszkiewicz@billingsclinic.org]
Sent: Sunday, March 18, 2012 8:28 PM
To: O'Connell, Sue
Cc: Eby, Amanda Roccabruna; Schallenkamp, John MD; Kaufmann, Christine
Subject: Cancer Clinical Trials Advisory Council - Support for Final Report

Sue, please forward this on to the Children, Families, Health and Human Services Interim Committee members for their information.

RE: HB615: Cancer Clinical Trials Advisory Council Recommendations

It has been my privilege to have been a part of this very important council. The time spent with the other council members, and with the support of Christine Kauffmann from the Office of the Commissioner of Securities and Insurance, was educational, collaborative and enlightening. The resulting recommendations are a great representation of how different factions of health care can come together and agree on terminology and set up an environment that is positive for the patient.

Thank you,
Jo

Jo Duszkievicz, Administrative Director, Cancer and Specialty Services
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O'Connell, Sue

From: Wally Melcher [wally@helenaindustries.org]
Sent: Monday, March 19, 2012 2:59 PM
To: Mary Caferro ; O'Connell, Sue
Cc: amandell@amfedsb.com; andrea.tickfox@gmail.com; Andrew Utick ; Brad Lancaster; Chuck Siefert; Janet Herold; Krystal Stweart; Pam Charlton ; Daniels, Todd; Tony Perpignano
Subject: Addendum to Public Comment

Dear Senator Caferro,

Many thanks to you and the members of the Children, Families, Health and Human Services Interim Committee for hearing public comment on LCCF01 today. Out of respect for the committee's time and the time allocated for others offering public comment, I omitted several points from my remarks that I would like to be part of the committee's record. Once again, the 2%, one-time rate increase will be a welcome step toward addressing the financial crisis that many human service providers are in at this time. However, the rate difficulties that providers of services to person with developmental disabilities have been experiencing go back to 2008. At that time drastic changes were made to the rate reimbursement system which resulted in rates for many services being set at levels that were significantly below the documented costs that providers were incurring for those services. The Developmental Disabilities Program (DDP) acknowledged that these rates were insufficient to cover provider costs, but stated that the solution to this problem would have to come in the form of more money from the 2009 Legislature. This Legislature came and went with no additional funding allocated to fix the rate problem. Again, we were told that the rates would need to be fixed in the 2011 Legislature, but it was not addressed in the Governor's budget or by the Legislature. To give you an idea of how large this problem is, I will use my own company, Helena Industries, as an example.

- In FY 2009, Helena Industries' **loss** for vocational services funded by DDP was **\$235,162**
- In FY 2010, Helena Industries' **loss** for vocational services funded by DDP was **\$247,985**
- In FY 2011, Helena Industries' **loss** for vocational services funded by DDP was **\$233,201**
- For FY 2012, our projected **loss** for vocational services funded by DDP is **\$190,321**

Helena Industries has survived these years through revenues from other services, fundraising, using financial reserves (that are now depleted) and significant cost cutting. Examples of our cost cutting include:

- Eliminating staff retirement benefits.
- Laying off 3 employees.
- Increasing the employees' out-of-pocket cost for health insurance by 140%.
- Decreasing paid time off by eliminating some holidays and reducing sick leave.
- Deferring maintenance buildings and equipment since 2008.
- Not giving employees any type of pay raise since 2008.

Senator Caferro and members of the committee, it is absolutely essential that service rates for persons with developmental disabilities be increase by a minimum 10% in the 2013 Legislature. Your support for this important issue would be greatly appreciated. If you have any questions, please contact me. My contact information is listed below.

Wallace A. Melcher

President/ CEO
Helena Industries, Inc.
1325 Helena Avenue
Helena, Montana